



DEWIPAT No. 30.025.21.US  
UNITED STATES PATENT AND TRADEMARK OFFICE

<b>TRANSMITTAL FORM</b>	Application Number	10/672,791	
	Filing Date	September 26, 2003	
	First Named Inventor	David E. Edgren	
	Title	Method of Fabricating a Banded Prolonged Release Active Agent Dosage Form	
	Art Unit	1616	
	Confirmation Number	9483	
Examiner Name			
Total Number of Pages Submitted	2	Attorney Docket Number	ARC 2813 D1 N1

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52/1.53 <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to Revive Abandoned Application <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Power of Attorney, Associate, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Acknowledgement Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below):  <u>Remarks:</u>
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm/Individual	Adenike A. Adewuya
Signature	<i>Adenike Adewuya</i>
Date	3/26/2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name		Adenike A. Adewuya	
Signature	<i>Adenike Adewuya</i>	Date	3/26/2004



DW/SB/81-1 (01-17-04)  
DEWIPAT No. 30.025.AP3.US/J&J No. AZ0013USACON1  
UNITED STATES PATENT AND TRADEMARK OFFICE

**ASSOCIATE POWER OF  
ATTORNEY  
And  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/672,791
Filing Date	09/26/2003
First Named Inventor	David E. Edgren
Title	Method of Fabricating a Banded Prolonged Release Active Agent Dosage System
Art Unit	
Confirmation Number	
Examiner Name	
Attorney Docket Number	ARC 2813 D1 N1

I hereby appoint:

☒ Practitioners associated with the Customer Number: **30766**

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as Associate Attorney of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: **27777**

**OR**

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I am the:

☐ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

☒ Attorney/Agent of Record

**SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent**

Name	Samuel E. Webb	Registration No.	44,394
Signature			
Date	1/20/04	Telephone	650-564-2901

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.